

Alabama 4-H Youth Code of Conduct

- I will exhibit good character and behavior, such as trustworthiness, responsibility, respect, caring, citizenship, and fairness.
- I will value the rights of all others. As a 4-H member, I am committed to the policies of the Alabama Cooperative Extension System, Auburn University, and Alabama A&M University.
- I will act and speak respectfully. I will not use language that belittles others or is disrespectful of individual differences.
- I will dress appropriately. Apparel including accessories must not have pictures or wording involving nudity, sex, weapons, violence, drugs, alcohol, or tobacco.
- I will not wear or use apparel, accessories, and equipment featuring culturally or racially insensitive images. These violate 4-H values of respect, fairness, and caring and will not be permitted.
- I will attend all sessions of planned programs.
- I will be responsive to the reasonable requests of leaders and comply with the need for personal safety.
- I will not use alcohol, drugs, or tobacco nor remain in the presence of anyone using them.
- I will not behave recklessly, engage in sexual misconduct, assault, threaten, or harm another person or abuse public or private property.
- When I have access to computers at Extension facilities, I will use the computer for educational purposes and will not access inappropriate websites.
- I recognize that these guidelines are not all inclusive and that the Alabama Cooperative Extension System may make adjustments to these policies.

MEMBER: *I have read the Alabama 4-H Youth Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future and may result in my being sent home at the expense of my parent(s) or guardian(s).*

4-H Member Signature: _____

Date: _____

I have read and understand the Alabama 4-H Youth Code of Conduct, Publicity Release, and Survey & Evaluation Release.

4-H Member Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

This form is valid for **one year from signing**. Please update all medical or other information as needed.



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